KCDRB Form #5
EMPLOYER'S STATEMENT
CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSE
(To be completed by LEOFF-I employer)

SECTION I. EMPLOYMENT STATUS OF LEOFF-I CLAIMANT:

LEOFF-I Claimant:_____ SSN:_____

Position/Title:_____

LEOFF-I Employer:_____

ACTIVE-DUTY: [ ] Date hired _____

Currently on disability leave? Yes [ ] No [ ] Date started disability leave:

This medical claim is related to the disabling condition? Yes [ ] No [ ]

If "No", explain:

RETIRED FROM DUTY: [ ] Date retired:

Service retirement [ ] Disability retirement [ ]

SECTION II. INSURANCE STATUS OF LEOFF-I CLAIMANT
(to be completed by Personnel Assistant/Benefits Clerk).

LEOFF's claimant's medical insurance currently includes:

1. Enrollment in health plan offered by employer. Yes [ ] No [ ]
   If "Yes", name of plan. If "No", explain:
2. Coverage under spouse's insurance. Yes [ ] No [ ]
   If "Yes", state name of spouse's insurance carrier:
3. Medicare Part A. Yes [ ] No [ ]
   Medicare Part B. Yes [ ] No [ ]
   If "No", explain:
4. Claim submitted to you within six (6) months of initial billing? Yes [ ] No [ ]
   If "No" explain:

All billing statements, applicable Insurance Explanation of Benefits, and treatment plan (when required under Board Rules) are attached. The total dollar amount sought herein reflects only the balance outstanding after all other sources of reimbursement have been exhausted.

Signature:_____ Date:_____
Personnel Assistant/Benefits Clerk

EMPLOYER'S STATEMENT (CONTINUED)

SECTION III. SUPERVISOR'S AUTHORIZATION

(To be completed by the LEOFF-I member's immediate supervisor).

1. Do you have reason to believe the medical services and expenses claimed are not necessary [ ], not reasonable [ ], or do not comply with Board Rules? [ ] (Check those applicable).
See Rule 8.11(c).
Explain:

2. Do you feel you need Board approval to process and pay this claim?
Explain:

3. Do you believe that the claimant could have received reasonably equivalent services through a pre-paid health care plan available to the claimant (See Form #6)? Yes [ ] No [ ].
Explain:

Signature:_____ Date:_____
LEOFF-I Supervisor

Title:_____